

M E M O R A N D U M

To: PERSONNEL MANAGEMENT LIAISONS

Date: March 12, 1990
Reference Code: 90-10

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

**ALL PERSONNEL OFFICERS, PERSONNEL TRANSACTIONS
SUPERVISORS, PERSONNEL TRANSACTIONS STAFF AND
LTD INSURANCE COORDINATORS**

From: **Department of Personnel Administration**

Subject: Long Term Disability (LTD) Insurance

The purpose of this memorandum is to:

1. Inform departments of LTD enrollment procedures.
2. Define LTD eligibility criteria.
3. Provide a sample LTD eligibility notice.

When the Long Term Disability (LTD) Insurance Program was first instituted in 1988, The Hartford Life and Accident Insurance Company and DPA distributed initial enrollment materials to all eligible employees. Subsequently, DPA took responsibility for providing program and enrollment information to newly eligible employees. As stated in PML 89-72, issued on November 22, 1989, enrollment procedures for newly eligible employees are being revised.

Effective immediately, department personnel offices are responsible for notifying newly eligible employees of the availability of the LTD program and providing them with the LTD pamphlet and a 60-day enrollment period. **"Newly eligible"** means new appointments to State service or transactions that **change** an employee's status **from ineligible to eligible**.

LTD Enrollment Authorization (GR-11513-5) forms are to be made available for eligible employees who wish to enroll. The employee must complete Sections A and B and submit the form to their personnel office within the eligibility period. The personnel office verifies the employee's salary and premium computation in Section B, then completes all items in Section C. NOTE: In item 9, "Remarks," enter the eligibility period beginning and ending dates. This information is required on all enrollment forms signed by employees after March 1, 1990. The forms should be ordered by your Life/LTD Coordinator through DPA, Benefits Division, (916) 324-0432/ATSS 454-0432 or (916) 324-0533/ATSS 454-0533.

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Personnel Management Liaisons

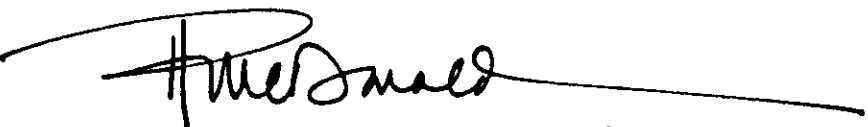
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LTD Eligibility Criteria: Active nonrepresented employees appointed permanent, one-half time or greater, and designated Managerial (M), Supervisory (S), Confidential (C), and Exempts (E88, E89, E97, E98, or E99). Employees on limited term appointments who otherwise meet this eligibility criteria may enroll in LTD ONLY if they have a mandatory right of return to a position and status that also meet this criteria. (Permanent Intermittent and limited term appointments other than as above are not eligible.) The employee must be active and eligible to enroll on the effective date. Correctly prepared forms received at the State Controller's Office by the tenth of the month will be effective the first of the following month. Enrollment is not effective until the premium is deducted. There is no retroactivity.

A sample Eligibility Notice is included in this package (Attachment A). You are not required to use this format, but all LTD Eligibility Notices must include the issue date, the date of notice and the expiration date, and a copy of the LTD pamphlet. In addition, you are responsible for maintaining a record that the employee was informed of this benefit. You may combine LTD and Life Insurance notification if the employee is eligible for both.

Personnel office questions on this program should be directed to Terrie Jordan on (916) 324-0432 or ATSS 454-0432.



Patricia Pavone McDonald, Chief
Benefits Division

Attachment

SAMPLE LTD ELIGIBILITY NOTICE

State of California

M E M O R A N D U M

To: (Your Employee)

Date: (Issue Date)

From: (Your Department Personnel Office)

Subject: Long Term Disability Insurance
60-Day Enrollment Eligibility Notice

Eligibility Begins: _____ Eligibility Expires: _____

According to our records, you have recently been appointed as a nonrepresented employee who is eligible to enroll in Long Term Disability (LTD) Insurance. Your 60-day enrollment eligibility period is stated above.

IMPORTANT - LONG TERM DISABILITY INFORMATION

LTD is a voluntary program which provides a percentage of income after the first six months of disability. Premiums are paid by the employee through payroll deduction. ONLY NONREPRESENTED, PERMANENT EMPLOYEES WITH A TIME BASE OF ONE HALF TIME OR MORE MAY ENROLL IN THE PROGRAM. You must be active and eligible on the effective date for enrollment to be valid.

Please review the attached "Group Long Term Disability Plan Employee Enrollment and Information Package."

If you wish to enroll, you may obtain a LTD enrollment authorization form (GR-11513-5) from _____ at _____.
The enrollment form must be completed and returned to _____ by the expiration date stated above.

Attachment

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